**FEC** 

FORM 1

RECEIVED FEO MAIL CENTER

2010 FEB -5 AM 10: 11

## STATEMENT OF ORGANIZATION

(See instructions)

Office use only

	<u></u>						Gillion date of lay	
1.	NAME OF COMMITTEE (in full)	X	(Check if name is changed)		mple: If typying, type the lines	12FE4M5	the residence was not	
CHAD CAUSEY FOR CONGRESS								لــا
Ц			11111					لــا
A <u>D</u> I	ORESS (number and street)	P.O.	BOX 16966					لــا
	(Check if address is changed)	سا	<del></del>	111	<u> </u>			لـــ
		LYON	ESBORO	· ———		AR	72403	لــا
				CITY		STATE	ZIP CODE 📥	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
П	(Check if address is changed)	roni	nielrichardson@	sbcglob	al.net		<del>1                                      </del>	لــا
<b></b>	is changed)						<u> </u>	Ц
COMMITTEE IN MED BACE ADDRESS (LDL)								
	MMITTEE'S WEB PAGE ADD		رمر dCauseyforCon	aress.C	om			
	(Check if address is changed)					<del></del>	<del></del>	لـــ
		سا		111		111		Ш
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3. FEC IDENTIFICATION NUMBER								
4.	IS THIS STATEMENT X	NE	W (N) OR		AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Тур	e or Print Name of Treasurer		RONNIE RICHA	RDSON				
Sig	nature of Treasurer	<i>[</i>		Men		Date 0	2 ' 0 4 ' 2 0 1	o \
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS								
	Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	